

**APPLICATION FOR WAIVER OF
FEES/APPOINTMENT OF COUNSEL
FAMILY, CIVIL, HOUSING**

JD-FM-75 Rev. 10-05

C.G.S. §§ 46b-231, 52-259b

P.B. §§ 8-2, 25-63, P.A. 05-10

INSTRUCTIONS TO APPLICANT

1. Print or type all information requested.
2. Sign the Financial Affidavit section in front of a court clerk, a notary public or an attorney.
3. Bring this form to the superior court where your case will be filed or is pending.
4. If your application for fees payable to the court or for costs of service of process is denied, you may request a hearing on the application.

INSTRUCTIONS TO CLERK

1. Bring completed form to a judge or, if applicable, to a family support magistrate.
2. If the application is granted, notify the applicant and counsel, if appointed.
3. If the application for fees payable to the court or for costs of service of process is denied, and upon the request of the applicant, schedule a hearing on the application.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us

TO: THE SUPERIOR COURT

NAME OF CASE	DOCKET NO. (If applicable)
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<input type="checkbox"/> Judicial District <input type="checkbox"/> Housing Session <input type="checkbox"/> G.A. No. _____	ADDRESS OF COURT
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NAME OF APPLICANT (Last, first, middle initial)	ADDRESS OF APPLICANT (No., street, town, state and zip)	TELEPHONE (Area code first)
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TYPE OF PROCEEDING		
<input type="checkbox"/> CONTEMPT	<input type="checkbox"/> MOTION TO OPEN OR MODIFY	<input type="checkbox"/> OTHER (Specify): _____
<input type="checkbox"/> DISSOLUTION OF MARRIAGE/DIVORCE	<input type="checkbox"/> CIVIL	
<input type="checkbox"/> DISSOLUTION OF CIVIL UNION	<input type="checkbox"/> APPL. FOR CUSTODY AND/OR VISITATION	_____
<input type="checkbox"/> HOUSING	<input type="checkbox"/> PATERNITY	

FEE WAIVER

I request that the court waive or have the State pay the fees indicated below. ("X" all that apply)

<input type="checkbox"/> ENTRY FEE	<input type="checkbox"/> FILING FEE	<input type="checkbox"/> STATE MARSHAL'S FEE	<input type="checkbox"/> OTHER (Specify): _____
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APPOINTMENT OF COUNSEL

(Applicable only in a contempt proceeding or to the putative father in a paternity proceeding.)

☐ I request that the court appoint counsel to represent me.

FINANCIAL AFFIDAVIT

I. DEPENDENTS

Total No. of Dependents (*not including yourself*)

II. MONTHLY INCOME

A. Gross monthly income (<i>before deductions</i>).....	<input type="text"/>
B. Net monthly income after taxes from monthly employment.....	<input type="text"/>
C. Other income (<i>i.e., TANF, Social Security, etc.</i>) (<i>Specify source</i>).....	<input type="text"/>

Source: _____

TOTAL MONTHLY INCOME (B+C)

III. MONTHLY EXPENSES

A. Rent/Mortgage	<input type="text"/>
B. Real Estate Taxes	<input type="text"/>
C. Utilities (<i>Telephone, heat, electric, water, gas, etc.</i>)	<input type="text"/>
D. Food	<input type="text"/>
E. Clothing	<input type="text"/>
F. Insurance Premiums (<i>Medical/Dental, Auto, Life, Home</i>)	<input type="text"/>
G. Medical/Dental	<input type="text"/>
H. Transportation (<i>bus, gasoline, etc.</i>)	<input type="text"/>
I. Child Care	<input type="text"/>
J. Other (<i>Specify</i>):	<input type="text"/>

TOTAL MONTHLY EXPENSES

IV. ASSETS

	ESTIMATED VALUE	LOAN BALANCE	EQUITY
A. Real Estate....	<input type="text"/>	<input type="text"/>	REAL ESTATE
B. Motor Vehicles	<input type="text"/>	<input type="text"/>	MOTOR VEHICLE
C. Other Personal Property..... (<i>e.g., jewelry, furniture, etc.</i>)	<input type="text"/>	<input type="text"/>	OTHER PROPERTY
D. Savings Account Balance (<i>Total of all accounts</i>).....			SAVINGS
E. Checking Account Balance (<i>Total of all accounts</i>)....			CHECKING
F. Cash			CASH
G. Other Assets (<i>Specify</i>):.....			OTHER ASSETS
TOTAL ASSETS			<input type="text"/>

V. LIABILITIES/DEBTS (*e.g., credit card balances, loans, etc. Do not include mortgage or loan balances that are listed under "Assets".*)

TYPE OF DEBT	AMOUNT OWED	MONTHLY PAYMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL LIABILITIES	<input type="text"/>	<input type="text"/>

I certify that the foregoing information is true and accurate to the best of my knowledge and that I can, if requested, document all income, expenses, and liabilities listed on the front/page 1.

NOTICE ►

Any false statement made by you under oath which you do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function may be punishable by a fine and/or imprisonment.

SIGNED (Applicant) X		PRINT NAME OF PERSON SIGNING AT LEFT	DATE SIGNED
SUBSCRIBED AND SWORN TO BEFORE ME:	ON (Date)	SIGNED (Notary Public, Commissioner of the Superior Court, Assistant Clerk)	

ORDER

The Court, having found the applicant ☐ INDIGENT AND UNABLE TO PAY ☐ NOT INDIGENT hereby orders the application:

☐ GRANTED as follows:

1. The following fees are waived ☐ ENTRY FEE ☐ FILING FEE

☐ OTHER (Specify:) _____

2. The following fees are ordered paid by the State

☐ STATE MARSHAL'S FEE NOT TO EXCEED \$ _____

☐ OTHER (Specify:) _____

3. Counsel is ☐ NOT APPOINTED ☐ APPOINTED (Name): _____

☐ DENIED because the applicant does not face potential incarceration.

☐ DENIED.

BY THE COURT (Print or type name of Judge/Fam. Sup. Magistrate)	ON (Date)	SIGNED (Judge, FSM, Ass't Clerk)	DATE SIGNED
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REQUEST FOR HEARING ON DENIED APPLICATION

The following section applies only to a denial of the application for waiver of fees payable to the court or for the costs of service of process. It does not apply to parenting education or to appointment of counsel.

☐ I request a court hearing on the application.

X

SIGNED (Applicant) _____

DATE SIGNED _____

HEARING TO BE HELD AT THE COURT LOCATION SHOWN ON FRONT/PAGE 1 ON THE DATE AND TIME SHOWN BELOW:

HEARING ON (Date)	AT (Time)	ROOM NO.	SIGNED (Assistant Clerk)
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ORDER AFTER HEARING

The Court, having found the applicant ☐ INDIGENT AND UNABLE TO PAY ☐ NOT INDIGENT hereby orders the application:

☐ GRANTED as follows:

☐ 1. The following fees are waived ☐ ENTRY FEE ☐ FILING FEE

☐ OTHER (Specify:) _____

☐ 2. The following fees are ordered paid by the State

☐ STATE MARSHAL'S FEE NOT TO EXCEED \$ _____

☐ OTHER (Specify:) _____

☐ DENIED.

BY THE COURT (Print or type name of Judge/FSM)	ON (Date)	SIGNED (Judge, FSM, Ass't Clerk)	DATE SIGNED
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